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TO:	_	stration Section ion of Corporations				
SUBJE	ECT:	CCT: MINUIT PARTNERS FL LLC				
		(Name of Limited Liability Company)				
The er	nclosed	member, resignation or dissocia	tion and fee(s	s) are submitted for filing.		
Please	ereturn	all correspondence concerning the	his matter to:			
Josep	ph Ros	se, Esq.				
		(Contact Person)		_		
Salpe	eter Gi	tkin, LLP				
		(Firm/Company)		_		
1 Eas	st Brov	vard Blvd., Suite 1500				
		(Address)		_		
Fort l	_auder	dale, FL 33301				
		(City/State and Zip Code)		_		
For fu	rther in	formation concerning this matter	r, please call:			
Josep	ph Ros	se, Esq.	954 at (467-8622		
	(Na	ame of Contact Person)	(Area Code	& Daytime Telephone Number)		
	sed plea Filing	ase find a check made payable to Fee		Department of State for: g Fee & Certified Copy		
		OURIER ADDRESS:		MAILING ADDRESS:		
_		Section Corporations		Registration Section Division of Corporations		
	n Build	•		P.O. Box 6327		
2661 E	Executi	ve Center Circle		Tallahassee, Florida 32314		
Tallah	assee,	Florida 32301				



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	limited liability company as	it appears on the records of the l	Florida Departme	ent
of State is:	ida		 	<u></u> .
2. The Florida docu	ument/registration number as	signed to this limited liability co	mpany is:	
L1200001632	5			
3. The date this me	mber/manager withdrew/resi	gned or will withdraw/resign is:	3/8/2016	_
حالا مصطلحهما	aldaas.			
(Print N	lame of Person Resigning)	, hereby withdraw/resign as	.· -s	
Member and Manager			<u> </u>	
	(Print Title)		16 MAR 29	
of this limited lial resignation in wr		e limited liability company has b	peen notified of n	ny 🐃
1/1	the		3: 0g	entitue.
Signature of Di	ssociating Member or Resign	ning Manager		
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			